

CHANGE OF ADDRESS FORM



DATE:



As part of the State of Indiana Mail Services' procedures to encourage use of correct mailing and delivery addresses, Mail Services would like for a representative of your agency or department to complete this Change of Address form. We understand the delivery of mail in a timely manner is critical to the success of your business. The goal of this document is to expedite the delivery of mail to the correct location without any interruptions. Please notify customers and vendors of your new address and location. Please complete the informational lines below and return to Mail Services via the email, fax, or interdepartmental mail. Additionally, if your move now requires courier service for USPS and interdepartmental mail pick-up and delivery contact the Mail Service operational manager at (317) 234-5655.

Email: PBMailCenter@idoa.IN.gov

Fax: (317) 233-5978

Mail Location: Attn: Stephen Smith, Pitney Bowes IGCN Room N013

Dear Sir or Madame:

Please use the following address format for all correspondence with **NEW** address and location:

(Name) _____

(Mailstop/Room Number) _____

(Street Address) _____

(P.O. Box (If Applicable)) _____

(City, State, Zip) _____

(Effective Date) _____

Thank you for your cooperation.

****Remember, for fastest delivery please use the proper address, mailstop, and room number.****

